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FEB 1 9 2010

MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

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Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
ALAN CASAVANT		☐ House ☐ Senate
Mailing address 22 Mettinghouse Ril		District
City, zip code	kalan kalaba muningga n ngauna na nonggana membaninakan kang kang mengganan muningan sakan sakangan dikan percesal Juli	Phone
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PART 1. INCOME DERIVED	FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom you economic activity of each employer.	received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
Biddeford School Dept	MAIN ST Bill.	Education
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	VED FROM SELF-EMPLOYMEN	T ·
	who are self-employed.)	
A. List the name and address of your business, if any, and list associated with a partnership, firm, professional association, c entity.	the major areas of economic activity is similar business entity, list the major	from which you derived income. If or areas of economic activity of that
The state of the s	At for A and for	Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)
Name:		
Address:		
Name:		
Address:		

		RIVED FROM SELF-EMPLOYMENT o are self-employed.)	
greater, and specify the p	rincipal type of economic activity of the en law, rule, or an established code of profess	oresents more than 10% of your gross income on tity or person from whom you derived such in sional ethics, specify only the principal type of educations.	come. If this form of conomic activity of the
			Type of Economic
	Name and Address of Source		ntity or Person Who is
a mare in a visite series series	A STATE OF THE STA	tne Sou	rce of the Income
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Name:			
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	PART 3. MAJOR AF	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of pra	actice. If associated with a law firm, list the	and assembly as the control of the commentation of a second control of the contro	ment the second second of the second
N	ame and Address of Firm	Major Areas of Practice Ma	or Areas of Practice (firm)
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	PART 4. OTHER SO	URCES OF INCOME	adero (appyrk, popska j Stanko arel (bloka drek
List each source of income	of \$1,000 or more not listed in Parts 1, 2, o	or 3 of this form. Do not include gifts. If none, ch	eck the box.
None	- TO FEET TO THE PETER TO THE SET OF THE PETER TO THE PET		PC-144-PC-20, facility is a server-in-investigate from the residence and a server a
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b military and the first state of the party	Name and Address of Source		d of Income ents, leases, etc.)
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Address:			
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	PART 5. REPORTA	ABLE LIABILITIES	en de la figura de la septembra de la composición de la septembra de la composición de la composición de la co La composición de la
ist the names of creditors areas of economic activity of	for any <u>unsecured</u> loans of \$3,000 or mo	ore that you received during the reporting periolity or loans from a relative. If none, check the bo	d, and list the major
None	eren ere ere ere ere ere ere ere ere ere		
	Name and Address of Creditor		ype of Economic
		ACIMI	y of Creditor
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PART	6. REPORTABLE GIFT:	S	त्रुपुर्वे साम्राज्याम् स्टिन्स्य । स्टिन्स्य स्टिन्स्य स्थानसम्बद्धाः
List the specific source of each gift of more than \$300. I none, check the box.		te value of more than \$300 fr	om a single source. 1
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Name of Source of Gift.		Name of Source of Giff	
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2.	4	Const. Section 2000 Const.	
PART 7.	REPORTABLE HONORA	RIA	
List the source of any honoraria accepted for appearances	or speeches related to your	legislative responsibilities. If	none, check the box.
□ None		·	
Name of Source of Honoraria	and the state of t	Name of Source of Honora	aria
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2.	4.		·
PART 8. REPRESE	NTATION BEFORE STA	TE AGENCIES	
List each executive branch agency before which you repr		Tailor 10000 L L 1000 1 1 1000 1000 1000 1000	nt. If none, check the
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PAPTO RIIS	INESS WITH STATE AG	ENCIES THE PROPERTY OF THE PRO	
List each executive branch agency to which you or a mer	Supplication of the control of the c	the country of physical complete at the end of military of the first of the state.	
\$1,000 during the reporting period. If none, check the box.	niber or your infinediate faith	ly sold goods of services with	ra value in excess or
None None		TO THE PARTY OF TH	- Address galler land Assessment (1997) is a suit A Session and an address of the suit (1997) is a suit (1997)
Name of Agency	risanning pain until a kalimin i et en amerikanske dalig kulpe i usinikuungar. "Amerik Terreta namenamen e senendi i en amerikanske napun proposition senendigen en kulpe	Name of Agency	The state of the s
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			arramen annum uga arramen ayar in tara tanggar ya 1844, arraga ya 1750, bi an annum arramen
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PART 10. INCOME RECEI	VED BY MEMBERS OF L	MAJEDIATE EAMILY	
List the type of economic activity representing each source	1		ar domostia nartner er
dependent child(ren) during the reporting period and the kilor more of income, their name and job title are listed. Do not	ind of income represented.	If your spouse or domestic pa	or domestic partner or artner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activit Representing Source of Income Received	f Relationship Kir	nd of Income
Name: PATTI JALbert	1. MEDICAL	1. 9mp	Loynest
	2.	Spouse or Domestic 2.	, ····
Job Title: NMSE	3.	Partner 3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economi		Dependent	
activity and the kind of income.	.	Child 	
		Dependent Child	

PART 11. OFFICE	R OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, part any office, trusteeship, directorship, or position of any nature. It was compensated. If a family member listed, indicate your rela-	ndicate whether you	or a family held the p	osition and whethe	diate family held the position
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Organization/Business	Title	Position Held	Family Member's	Compen-
and Address		By:	Name	sated?
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Please provide any additional information below (and on the information you are providing.	additional sheets i	r needed). Indicate	the part or secti	on number for
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